

Accessing Maternity Care By Helena del Pino

While I was expecting my first child (who is now 16 months old) the whole of my pregnancy seemed to be taken up with trying single-handedly to secure accessible maternity care. Many letters were sent and meetings were attended but although a few minor adjustments were made I remained unconvinced that the facilities at my local maternity unit would be suitable for my needs. As a result I booked a home birth so I could be in an environment that allowed me freedom and movement but in the end I had to have a hospital delivery for obstetric reasons. I feel that having to fight for accessible maternity care and then not being successful in securing it robbed me of my pregnancy.

I had sought the assistance of the local Community Health Council (CHC) who appeared to do nothing. A few months after the birth of my daughter I started asking them again what they were going to do about putting pressure on the maternity unit. The result has been that earlier this year they nominated me to join the local **Maternity Services Liaison Committee** (MSLC). MSLCs now operate in many areas of the UK and are made up of both professionals and lay members. They exist to maintain links with current and recent users of maternity services and to enable women from all parts of the community to become involved in the provision of maternity services. A good committee can be a powerful vehicle for change within maternity services.

I see myself as representing DPN on the committee and seek to voice concerns about access and other disability equality issues. I hope later this year to make a full presentation to the committee about DPN and to put together some points for the professionals to go away and consider. I feel that it will be vital to start a local branch of DPN to increase the visibility of parents (and potential parents!) with disabilities.

Become Involved - Make a Difference By Simone Baker

In March, I attended my first West Berkshire MSLC meeting. I had been invited along to inform MSLC members about the existence and work of DPN. I wasn't too certain what to expect, and was horrified to see that I had my own item on the agenda! I made arrangements for Lois (my 3 year-old

daughter) to stay with her Grandma, and tentatively walked through the doors of the local hospital maternity department.

I was immediately put at ease by the fact that one member had taken along her son, who must have been the same age as Lois, and he was sat importantly at the table next to his Mum. The Chairperson had been my NCT antenatal teacher three years previously, and so there was at least one face that I recognised.

MSLC's exist all around the country, and most (if not all) health authorities should have one. They are independent advisory committee to the health authority, concerned with all aspects of maternity services. Their purpose is to provide a forum where users, health authorities and service providers can meet and work effectively and contribute to improving maternity services in line with the needs and wishes of local women.

The membership of the West Berkshire MSLC is made up of health professionals (consultants, anaesthetists, physiotherapists, etc) as well as "user" members (recent maternity services users and representatives from organisations such as the NCT and Community Health Council).

The committee should, as far as possible, include members from different geographical areas and socio-economic groups, all ethnic communities, women with disabilities and other minority groups.

The meeting was friendly, and business was conducted over a sandwich lunch, provided by the hospital. I was fairly impressed by the standard of the "hospital food"!

Eventually, it was my turn to speak. I started by explaining about my personal experience of maternity services. My midwife had been unable (or unwilling) to assist me in securing information relevant to my disability and the practical and physical problems I knew I would face during pregnancy, childbirth and caring for a baby.

I described some of the difficulties that I had faced because the hospital, despite me making them as aware of my needs as possible, had been ill equipped and unprepared for my arrival. I had been unable to lift my daughter in and out of the high hospital provided crib, and because of fire regulations, my wish to take in my Moses basket and stand had not been allowed.

I had been unable to take in things from home which I knew would help me immensely (such as a cushion I had made to enable me to breastfeed) because the room was too cramped and grubby. I concluded that overall, I felt that there was a lack of discussion, flexibility and thought put into my care

and comfort and that of my husband who had stayed with me in an essential caring role.

I was very relieved to hear from committee members that much has changed since I had my daughter, both in terms of the forward planning mechanism for maternity admissions of disabled mothers and the accommodation which can be provided. The maternity unit has undergone total refurbishment.

There was much interest in the draft leaflets about DPN that I had taken along, and many committee members spoke to me afterwards about the things I had spoken about, and expressing their interest in learning more about the services and information offered by DPN. One member explained that her son had been involved (as a university graduate) in designing a height adjustable crib.

So, did I feel the effort had been worthwhile? Well, I'll let you know after I attend the next meeting. Like many of you who will be reading this article, I don't have an enormous amount of time and energy to waste. I hope that my involvement will bring about a few changes for disabled Mums in the future! I'd say to you all – find out if you can become involved with your own local MSLC. They would certainly welcome input from people with disabilities. As far as I can see it, if we can all make small changes, it gives us the confidence and power to achieve bigger and better changes in the future!

There is a useful document – "Maternity Services Liaison Committee guidelines for working effectively" which is available from the Health Literature Line 0800 555777 for those people who may consider would like to read in detail the role of MSLC's.

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